

**SCOTTISH GOVERNMENT HEALTH DIRECTORATES
HEALTHCARE ASSOCIATED INFECTION**

**SPECIFIC ACTIONS FOR NHS GREATER GLASGOW & CLYDE
Progress Update 31st October 2008**

TOPIC	ACTION	LEAD	COMPLETION/TARGET DATE
Governance	The Board to set out its commitment to the Vale of Leven and how relevant services will be sustainable	H Byrne (Director of Acute Services Strategy, Implementation & Planning)	<p>October 2008</p> <p>A) The report of the independent external review of anaesthetics was published on 15/08/2008. The recommendations from this report have been incorporated in the document, setting out the future vision for the Vale of Leven Hospital. NHSGGC launched a 6-week period of engagement on the vision of the Vale of Leven on 17 September 2008, which ended at the end of October, following which, a formal consultation has now been launched for a 13-week period until January 2009.</p> <p>B) Work is underway in each of the areas set out in the vision document (previously submitted), to finalise the detail for the formal consultation document including numbers of patients who will be treated at the Vale of Leven, and bed numbers.</p> <p>C) To date, engagement meetings have been held with the West Dunbartonshire CHP, Hospital Watch and the Helensburgh Lomond Planning Group, and an invitation has been given to West Dunbarton / Argyll & Bute Councils to arrange a meeting. In addition, 8 focus groups will be held during the engagement period.</p>

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	<p>Infection prevention and control policies to be reinforced and compliance monitored and audited at the Vale of Leven</p> <p>Will deliver education on and audit policies on key elements re: diff:</p>	<p>T Walsh (Infection Control Manager) J Crombie (Director, Diagnostics)</p>	<p>September 2008</p> <p>Education There are 501 members of staff at VOL. This includes nursing staff, allied health professionals, medical staff and facilities staff. To date 440 Members of staff at the VOL Hospital have attended 2-hour infection control updates.</p> <p>Audit CDAD care bundle implemented. This bundle is also being piloted in an additional 6 sites across NHSGGC using the SPSP methodology.</p> <p>Weekly Hand Hygiene Audits in progress.</p> <p>Audit of the following policies were undertaken in October: Loose stools, Standard Precautions, MRSA, Laundry, GP A Strep, Personal Protective Equipment, Hand Hygiene, <i>C. difficile</i>. (Appendix 1)</p> <p>Audit of the use of antimicrobial therapy was completed in September (Appendix 2)</p>
	<p>The Board should define accountability and responsibility framework for HAI throughout organisation</p>	<p>B Cowan (Medical Director) / T Walsh</p>	<p>October 2008</p> <p>Assurance framework being developed. KPIs to be applied at all levels from ward to board based on the forthcoming national monitoring template. NHS Board will receive 2 monthly reports on HAI commencing February 2009.</p> <p>High level KPIs agreed with Carol Fraser (HAI Nurse Advisor for SGHD), and NHSGGC will continue work with HPS, SPSP and SGHD on developing the monitoring tool for use at National level.</p> <p>The review of the infection control structure is now complete. The revised</p>

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			<p>structure will see a single Senior Nurse Consultant Infection Control and 0.5 WTE Infection Control Doctor for the totality of NHSGGC, reporting in a line relationship to the Infection Control Manager, who in turn reports directly to the Medical Director of the NHS Board.</p> <p>Similarly, in respect of the Board Nurse Director, the management and accountability arrangements have been sharpened to complete the “ward to board” linkages. The key frontline responsibility will vest in the strengthened role of senior charge nurses who, in turn, will connect to a lead nurse who carries responsibility for no more than six or seven wards.</p>
	<p>The Board to highlight the Vale of Leven Hospital as a flagship site for the implementation of the improvement programme “Time to Care”.</p>	<p>R Farrelly / R Crockett</p>	<p>A job description is now developed to lead on the implementation of this improvement programme and this has been shared with SGHD colleagues and we will now proceed to advertisement. Work ongoing in order to be able to access tool kit.</p>

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	Board to ensure consistency of documenting HAI as factor contributing to death	B Cowan / S Ahmed	<p>December 2008 Outcomes section now included on ICN patient referral forms.</p> <p>NHSGGC, QIS and HPS have developed a Root Cause Analysis Tool for severe <i>C. difficile</i> disease. NHSGGC have agreed to trial the tool during November.</p> <p>System in place for notification when GRO record <i>C. diff</i> as the underlying cause of death.</p> <p>Medical Director reviewing Office for National Statistics Guidance on completion of Medical Certificates as possible basis for interim guidance within NHSGGC.</p>
	Follow-up review of actions from Independent review team report to be carried out by end of year	B Cowan / T Walsh	<p>December 2008 Discussed 28 August. SGHD pursuing possibility of representatives from the Cairns Smith Review Panel returning for the planned further review visit.</p>

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Facilities	The Board to detail an investment programme to address outstanding maintenance and modernisation issues at the Vale of Leven Hospital	R Calderwood	October 2008 Progressing as part of the upgrade programme of work commenced 13 June 2008. Programme remains on track (progress update attached Appendix 3).
	The Board to review isolation facilities at the Vale of Leven maximising access	R Calderwood / A McIntyre	November 2008 Progressing as part of the upgrade programme of work commenced 13 June 2008. Programme remains on track (progress update attached Appendix 3).

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Clinical Leadership	Charge Nurses to be empowered to deliver against their responsibilities	R Crocket / R Farrelly	<p>September 2008</p> <p>Session held outlining the role of the Senior Charge Nurse, Lead Nurse and Head of Nursing with regards to HAI in particular. It was made clear at this meeting that they all had a responsibility and accountability to promote and maintain a culture in which safety related to infection prevention and control is of the highest importance and all SCNs at VOL Hospital will complete Cleanliness Champion Course / Training and workbook.</p> <p>Senior Charge Nurse (national) job description for NHSGGC now includes the following:</p> <p>HealthCare Associated Infections (HAIs), Professional Accountability & Responsibility</p>
	The Senior Charge Nurse review recommendations to be implemented as early as possible at the Vale of Leven	R Crocket / R Farrelly	<p>October 2008</p> <p>The roll out of the SCN Review was outlined VOL phase 1.</p> <p>The SCN Review Steering Group is established and meeting monthly to oversee the implementation of the SCN Review. Terms of Reference and implementation action plan developed, signed off and now commenced. In total 40 SCNs across NHSGGC are part of the first cohort and this includes all SCNs at the VOL Hospital.</p> <p>Four development days are now organised for all SCNs within the first cohort</p>

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			<p>and these days are linked with the master classes as part of the SCNs development. This development will also see the commencement of learning communities and action learning sets.</p> <p>The Clinical Quality Indicators (CQIs) will be linked with SCNs implementation programme but as this will not be a live IT system as it is still being piloted in other NHS Boards. NHSGGC will manually complete this information in order to capture the CQIs. However no CQIs have been developed for Children's Services or Maternity Services at present.</p> <p>Job description has now been developed for senior support post and this has been shared with SGHD colleagues for comments. Lead Nurses and Midwives to be more visible in wards/departments and will liaise with patients and their families in their relevant wards in uniform one day per week commencing November 2008</p> <p>The Nurse Director within the Acute Division has now established a system to rotate the Heads of Nursing / Midwifery meetings across all acute sites and the Heads of Nursing / Midwifery are making plans to be more visible in the areas they cover. This will include a structured professional clinical walkabout on the relevant site which will be linked with SPSP on documenting and actioning the outcomes of the professional clinical walkabouts.</p>
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	<p>The Board to assess if the posts of Nursing and Medical Directors are appropriately focused and supported</p>	<p>B Cowan / R Crocket</p>	<p>September 2008 The review of the infection control structure is now complete. The revised structure will see a single Senior Nurse Consultant Infection Control and 0.5 WTE Infection Control Doctor for the totality of NHSGGC, reporting in a line relationship to the Infection Control Manager, who in turn reports directly to the Medical Director of the NHS Board.</p> <p>Similarly, in respect of the Board Nurse Director, the management and accountability arrangements have been sharpened to complete the “ward to board” linkages. The key frontline responsibility will vest in the strengthened role of Senior Charge Nurses who, in turn, will connect to a Lead Nurse who carries responsibility for no more than six or seven wards. Thus, there is a sharp, frontline focus on this work. The line management connections are firm both through the Directorate structure and through the professional lines to the Director of Nursing within the Acute Services Division. His role is pivotal in support of the Board Nurse Director whose key responsibility (already being enacted in the delivery of this action plan) will be to spearhead the various programmes of improvement which are being taken forward. This will include a structured professional clinical walkabout on the relevant site which will be linked with SPSP on documenting and actioning the outcomes of the professional clinical walkabouts.</p>
<p>Clinical Leadership</p>	<p>The Board to consider the need to establish full-time post of Lead Infection Control Doctor</p>	<p>B Cowan / T Walsh</p>	<p>September 2008 Sector based ICD and a co-ordinating ICD structure in place. ICD cover was a key consideration in the review of Infection Control Structure lead by the Board Medical Director. The revised structure includes 0.5 WTE Co-ordinating Infection Control Doctor over and above the sessional commitments of the sector based ICDs.</p>

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Surveillance	Vale of Leven local surveillance system based on standard template and guidance produced by Health Protection Scotland to be in place, including setting of control limits and trajectories for reduction of rates / incidence of HAI	R Crocket / S McNamee	<p>September 2008 SPC data will be part of the KPIs and monitored through the NHSGGC Performance Management and Governance Systems at all levels from Board to Ward. SCN KSF Profile as developed by NHS Education Scotland is now being loaded onto the eKSF system within NHSGGC for all Lead Nurses / Midwives to access as part of SCN performance management.</p> <p>KPIs will be based on the collaborative work with HPS and SGHD on the development of the National Monitoring Template for HAIs.</p> <p>Draft Paper Prepared - Framework for Local Surveillance for NHSGGC 2008 based on the HPS document. A framework for local surveillance of HAI in NHS Scotland. This draft framework has now been submitted to HPS for comment and has been amended in light of these comments.</p>
	Board to carry out epidemiological review of cases between December 2007 and June 2008	Dr S Ahmed	Included within the report from the Outbreak Control Team.

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<p>Education</p>	<p>HAI Education and training programme for all disciplines of staff, to be developed and delivered at the Vale of Leven</p>	<p>A Rankin / S McNamee</p>	<p>Education 408 out of 501 members of staff at the VOL Hospital have attended 2-hour infection control updates.</p> <p>NHSGGC have been reviewing their induction processes over the past 12 months with a view to standardising the induction process across the organisation. Infection control teams have been part of this process. When staff are recruited they and their line manager receive information outlining their responsibility with regards to mandatory induction. They are given timeframes and direction to the NHSGGC Learning and Education Portal. Through this portal there are links to the infection control site. The infection control service purchased a system called 'training tracker' which allows NHSGGC to 'track' when modules have been completed and by whom. Although IC induction is mandatory the site contains fourteen modules including Standard Precautions, Transmission Based Precautions, prevention of S. aureus bacteraemia and care bundles. At present both systems are running in parallel to prevent any gaps in the changeover of systems as this process is being rolled out across the organisation. (appendix 4)</p>
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Communication	Board to review communication processes by clinical staff to patients and relatives, ensuring delivery of consistent accurate information. This should involve the Patient Focus Public Involvement lead.	S McNamee / R Farrelly / J Whyteside / Debbie Mack	<p>September 2008</p> <ul style="list-style-type: none"> • Comments received from to Patient Public Focus (PPF) Leads for Community Health and Care Partnerships included in re-draft of HAI patient information. • Member of the Infection Control PFPI group will attend the newly convened Acute Operating Divisions Patients Panel. • NCIC and Local Board Hand Hygiene Co-ordinator will continue to attend Community Outreach Sessions. <p>New patient information leaflets delivery date 4/11(HPS laundry leaflet, <i>C. difficile</i> and generic HAI information – 20,000 of each). Will be distributed to all sites week beginning 10/11.</p> <p>NHSGGC have produced a number of the patient information leaflets in audio format. Initially designed to aid the visually impaired, consideration is being given to testing these across hospital radio and other communication channels. The audio file for the c-diff patient information broadcast is appended.</p>
Communication	The Board should define the communication pathway and escalation process for reporting HAI outbreaks and	B Cowan / T Walsh	<p>September 2008</p> <p>Draft document prepared. “Guidance on the Reporting of Healthcare Associated Incidents and Outbreaks”. Will link to Root Cause Analysis initiative as an action from the document.</p>

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incidents at all levels from ward to Government		
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Finance	Charge Nurses to have access to resources to address urgent estates shortcomings and replacement of equipment, e.g. broken sinks	R Calderwood / A McIntyre	<p>April 2009</p> <p>An evaluation of the operational and budgetary aspects of this directive is ongoing and will be concluded as part of the Board's budget setting process. Consideration is being given to the allocation formula per Charge Nurse that reflects the age and condition of estate and furnishings reflecting expenditure and upgrades to date and the governance arrangements for the allocation.</p>